

**PEDDLERS APPLICATION**

\*\*\*

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**HOW LONG:** \_\_\_\_\_

**FORMER ADDRESS:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **PLACE OF BIRTH:** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**WILL SELL:**

**WHERE:**

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**NAME OF FIRM:** \_\_\_\_\_

**ADDRESS OF FIRM:** \_\_\_\_\_

**LENGTH OF TIME WITH THIS FIRM:** \_\_\_\_\_

**EMPLOYED AS:** \_\_\_\_\_

**MILITARY SERVICE:** \_\_\_\_\_

**WEIGHT:** \_\_\_\_\_ **HEIGHT:** \_\_\_\_\_

**EYES:** \_\_\_\_\_ **HAIR:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**POLICE RECORD:** \_\_\_\_\_

**WILLING TO SUBMIT TO FINGER PRINTS:** \_\_\_\_\_

**IN CASE OF ACCIDENT, NOTIFY** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE**

**SUBSCRIBED AND SWORN TO BEFORE ME**

**THIS** \_\_\_\_\_ **DAY OF** \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
**Commissioner of Deeds, Lackawanna, New York**

**TAX ID#** \_\_\_\_\_

\*\*\* mobile vendors Must submit insurance info, call office for details